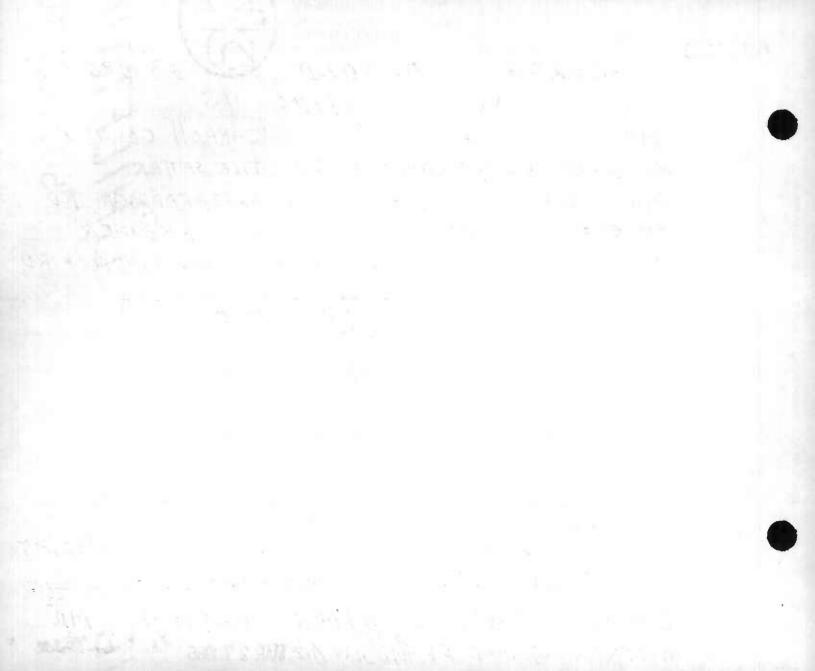
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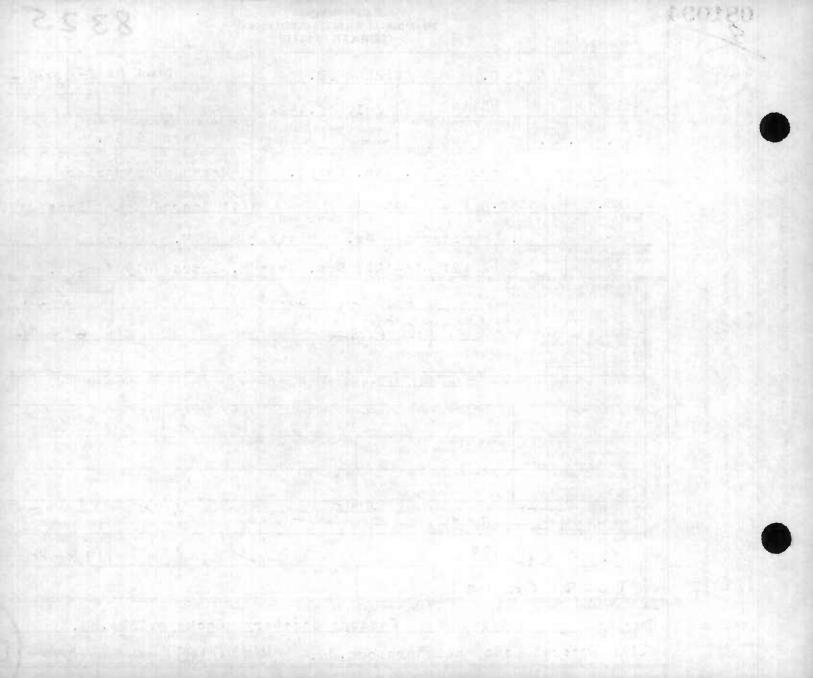


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UNKN. #85-21 REGISTRAR REG. NO DECEASED NAME O DATE KNOWN N MONTH (TYPE OR PRINT) OF ESTI-Rueben Walter Jr. Barke 19 85 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 1964 21 YRS Male White P 1985 TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Carroll County, Wisconsin WIDOWED [ DIVORCED 2. AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, 1 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Helper Roy Rogers Springfield North Intersection Route #32 USUAL RESIDENCE HE IN NO. HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Columbia, Md. LIMITS? | 13e STREET ADDRESS COlumbia, Md. | 7270 Lasting Light Way 21045 3a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Columbia Md. Howard 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME O 18. GIVE PAGES 1, WITH FORM PM AIT. PAGES 1 AND 2 MIDDLE FIRST E. Rueben Walter Barke Sr. Linda Harring 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Jerry Kucera Same as 13e. NO ALONG WI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 1:17PM 3/ 4/19 85 subject jumped in front of moving vehicle 21f LOCATION 210 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway North Intersection, Rt. #32, Springfield, Md. Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Suicide X death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 3/5/85 Assistant SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3/6/85 Westview crematory Cremation Catonsville 07/84 Md. 25M 24 5555 TWIR Knolls Rd. Columbia, Md. 21045 250. DAVI ARD BY REGYORS 256 REGISTRARIS ALLERANDORS **DHMH** - 17 Leroy M. & Russell C. Witzke Funeral Home (VR A15 ME (5))

STATE OF MARYLAND



081094		FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	NE S		25
There .		CEASED NAME FIRST OR PRINT)	WIDDLE			20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1 報		EARL	S.	BEARES			1 and (7 85	0936 -
	3. SE		4 RACE	5. DATE C		AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
og	1	Male	White	Ju]		60	YRS.	
leoth. Po	Ba	OUNTRY)  1 to . Co . Md .	76 CITIZEN OF WHAT COUNT	WIDOWE	D DIVORCED D	Carr	COUNTY OF DEATH	MD.
by the fu	We	stminster	(11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVE S Carroll Co	o. Gen.	Hospt.	120 USUAL OCCUPATION (TYPE OF WORK EOR MOST OF  Mason	ON 12b. KIND C EWORKING LIFE) INDUSTRY Contracto:	
within 24 hour	13a. S	THER'S NAME	ilto. Glyi	ndon	YES NO NO 15. MOTHER'S MAIDEN NAM	E	ed Heart L	
Pa loud le son	1	Earl	S. Bear	-	. Elsie	M .	Green	51
Poges	160 N	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT Mrs. Emma	ADDRE	SS	Ma
equires that the death certificate in signed by the attending physic. Then please remove carbon paper to burial, cremation, or removal injury, or other traumatic event, the	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	nly one cause per line for (a), (b) BY:  DUE TO, OR AS A CONS  (b) CONSTRIBUTING	EQUENCE OF	MOT RELATED TO THE TERMIN	nal disease or conf	6	SMATE INTERVAL I ONSET AND DEATH TONSET AND DEATH TONSET AND DEATH TONSET AND DEATH
hos been permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI	
HYSICIAN: The noding physicial physi	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE		RY IN ITEM 18 PART 1 OR PART 2)	
offending er this s the bu	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, EACTORY, OF	FICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
After a After			oital) attended the deceased fr	om_ 31	4185 19	, to	17/85, 19	that (I) (🦟) last
TTEN pirtol TOR for u		saw the deceased alive a	n 7/10 If	19 as	nd that-in-(my) (OUT) opinion de	eath occurred on the do	ate and haur and fram the	causes stated
hos hos hos hed hed ept.		22b. SIGNATURE	A a -		DEGREE			ESIGNED
TAL O y the RAL Di detocl rote De		10mg (C	Ilm 22		ATTENDING PHYSICIAN	MEDICAL STAF		Mm P5
OSPI ed b d be he Si		22d PHYSICIAN'S NAME (TYPE	ORPRINT)		22e ADDRESS			
To Figure 10 H	230	BURIAL, CREMATION, REMOVA	L 23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	3/20/85	Jess	ups Cemeter		sville, Md.	
OHMH - 16 50M 4/83 (VRA T5, 4)		JNERAL DIRECTOR liñé Funeral	Home Reis	terstor			256 REGISTRAR'S SIGNA	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20. DATE OF DEATH MONTH 2b. HOUR ALID DUE 85 1552 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Carroll County 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Private 13e STREET ADDRESS / ZIP CODE 58 Lagoon Drive 21904 ADDRESS Mr. Daniel W. Clites - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LATERAL SCLEROSIS 1405

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED

M CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated

STAFF PHYSICIAN

COUNTY

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

22c. DATE SIGNED

NOF

STATE

STATE

25a DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

(SPECIFY)

24 FUNERAL DIRECTOR

FOR - STATE

1. DECEASED NAME

REGISTRAR

FIRST

Anatomy Board

Removal

3/20/85

Balto., Md AAAD 26 1005

DHMH - 16 50M 4/83 (VRA 15, 4)

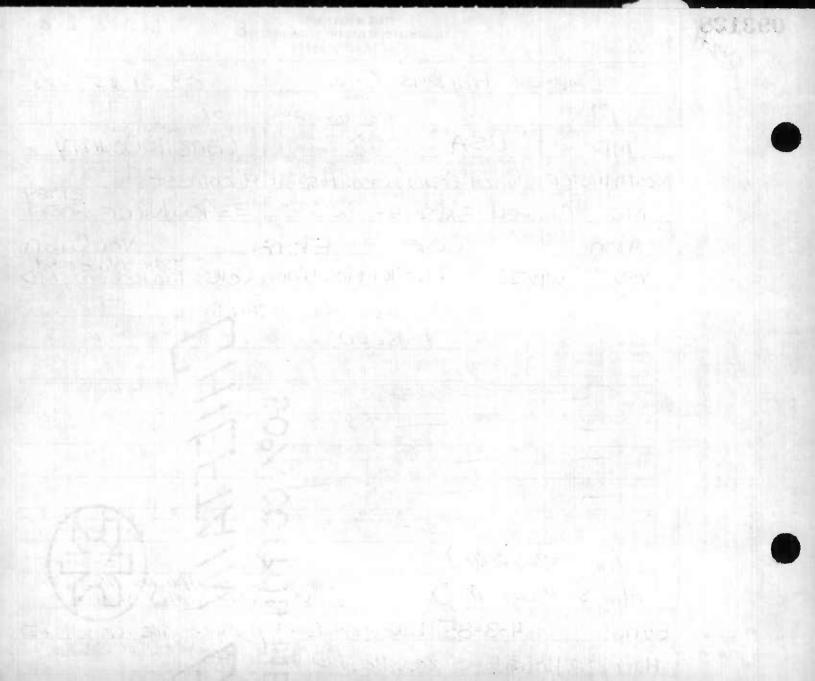
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24 hours other de	illed in by the further	6
G PHYSICIAN. The low requires that the death certificate be executed within 24 have after death. Page 4 have	intending physicion.  The pariol-transit permit. Then please remove corbon popers. Pages I and 2 should be ted with the please remove corbon popers. Pages I and 2 should be ted within 77 hours the permit.	and Mentol Hygiene prior to buriol, cremotion, or removor.  ked or item 18 shows ony injury, or other troumotic event, the medical exagine (must
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

28	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENT ERTIFICATE OF DEAT		5 REG. NO.	083	2
	ECEASED NAME FIRST PE OR PRINT) EMETAL  EX 14. RAC	Francis	Cole DATE OF BIRTH		OF DEATH MO	ONTH DAY YEAR  3/85  DAY)   IF UNDER 1 YEAR	26 HOU
di si	m	W	MONTH DAY Y	24	61	YRS. MONTHS DAYS	HOURS
9 25 70	BIRTHPLACE (STATE OF FOREIGN 7b. CITT		MARRIED NEVER MARR	IED -	ano	COUNTY OF DEATH	ity
W Y		AMÉ OF HOSPITAL, NURSING H NOT IN SUCH FACILITY GIVE STREET ADDI			AL OCCUPATION PORK FOR MOST OF V	VORKING LIFE) INDUSTRY	
13a	JAL RESIDENCE (IF NURSING HOME OR OTHER IN STATE 138, COUNTY CARR	ISTITUTION, GIVE RESIDENCE BEFORE AT 13c CITY OR TOWN FINKS BUI	YES NO	D 3	LADDRESS / Z	Niner	Rox
ond 2	ATHER'S NAME MIDDLE	COR	15. MOTHER'S MAI	DEN NAME	MIDDIE	Von	Cu
Poges I	WAS DECEASED EVER IN U.S. ARMED FO		901 Mrs. W	ilma Co	le E	240 Nin	
physicio on popers emovol.	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	May to	nyocardial	intarc	from	APPRO	S 6
y the attending e remove corb cremotion, or r ther troumotic	Conditions, if ony, which gove rise to immediate	JE TO, OR AS A CONSEQUENCE (b) JE TO, OR AS A CONSEQUENCE	SCVD			4	yt.
Then pleas to burial, njury, or o	PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO T	HE TERMINAL DISE	ASE OR CONDI	TION GIVEN IN PART 1	la
onsit permit. The Hygiene prior to the S shows ony injur.	190 DATE OF OPERATION	CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AL	JTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS U S OF DE NO
5 b = -/ /		b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		OCCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
s the buriol-I ond Mentol-I ond Mentol-I ked or item	21d. INJURY OCCURRED 21	PLACE OF INJURY THOME, SHEET, PACTORY, OFFICE, FARM	211 LOCATION STREET		CITY OR TOWN	d COUNTY	
TOR: Aft	22a.l certify that (I) (this hospital) att sow the desease alive on above (I) we) (did) adid not) view	3   -	5 , and that in (my) (our)		ろ - う	e and hour and from th	, thou
at DiRECted et Dept ste Dept T. If Item	also SIGNATURE A Dale	elle)	DEGREE ATTEN PHYS	IDING MEDICA	AL STAFF		E SIGNE
should be de with the Stot	AVa S. Oak	2+ M.D.	120 ADDRESS	Washing	to He	with me	16
○ € ₹ ₹ 230	BURIAL, CREMATION, REMOVAL 236.	DATE   23c NAM	ME OF CEMETERY OR CREM		CATION ITY OR TOWN VKESV	ille Can	211
6 50M 4/B3	HOTTY (1). HOTO	ht SUPERS	ille MD	250 DATÉ REC'D. B		V. REGISTRAR'S SICH	inde



0000000 THE ST. SHIP IS VAN THE WALL A. E. T. S. Markey Co. S. A. Still Mentalett Later 1278 Section 24.21.57 popis animating 077-28-7659 Clevenou E. Cornes, 105 Tott Terrage ALTERNATION OF THE PROPERTY OF Turiel 3-16-1985 Senenia Cardens Inred, Lungares W. Street, Dr. . Twissivit, ou . gathers W &speaker

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 26 HOUR COZZI March 19 1985 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY MONTH DAY January 19,1894 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED X Carroll County 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife Own Home 136. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21784 NO X 1002 Johnsville Road 15 MOTHER'S MAIDEN NAME MIDDLE

REGISTRAR DECEASED NAME FIRST DORA 4 RACE Female White 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? Italy Italy O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster Carroll County General Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN Maryland Carroll Sykesville 14 FATHER'S NAME MIDDLE Presti John Lucido Rose 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1002 Johnsville Road No 216-10-0077 Josephine Butler Sykesville, md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTHY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attenual the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and how and from the causes stated above, (I) (we) (did) (did not) view the body after death 776 SIGNATUS DEGREE 22¢ DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS John Shaw M.D. 5800 Edmondson Avenue, Baltimore, md. 230 BURIAL, CREMATION, REMOVAL 23h. DATE

should b MPORT

DHMH - 16 50M 4/B3 (VRA 15, 4)

(SPECIFY) Burial 3/22/85

23¢ NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

Baltimore

Md.

STATE

LETEN M. CO Russell C. Witzke Funeral Homes P.A. DATE REC'D BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, Maryland 21228

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGI

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	1-	STATE REGISTRAR			DEPART		ICATE OF I	EATH	IENE	REG.	NO.		
		CEASED NAME OR PRINTS	JOSEP		RANKLIN		LPHEY.	Sr.	20. DATE	24	MONTH	DAY YEAR	26. HOUR 11-594 M
	3. SEX			4 RACE		5. DATE C	DAY _	YEAR	6 AGE	N YEARS LAST	BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
	7a BII	Male RIHPLACE (STAT	E OR FOREIGN	Whit	WHAT COUNTRY?	12/	8/1912		9 BALTIA	2 AORE CITY	OR COUNT	TY OF DEATH	
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1		TY OR 20 WH 5			HOSPITAL, NURSII	NG HOME C				AL OCCUPA	TION TOF WORKING	LIFE) 121C HOLE	EN THESS OR
6		lestmin		Carrol	1 Count	V	n. Hos	pital	F	orema	n	Pla	nt
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C	14 FA	THER'S NAME Geor	<b>7</b> A	MIDDLE	Delphe	30		ellie	ME	WADDLE		Dayho	
		AS DECEASED E	VER IN U.S. AR		166 SOCIAL SECT		17. INFORMA			ADD	RESS	Day110.	7.7
	Y	es, Wo	rld Wa	r II	216-05-	1714	Kati	e Z.	Delp	hey,	Unio	n Brid	
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		Conditions, if gove rise to couse (a), s underlying c	immediate	(b) DUE TO, C	DR AS A CONSEOU	ENCE OF		3			T	100	2   /   /
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?	CERTIFICATION	190 DATE OF OP	ERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AL	JTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
		21a. ACCIDENT WA	_	110000	OF INJURY .M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM 18	3 PART I OR PART 2)	
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	ME		OT WHILE		REET, FACTORY, OFFICE,	FARM, ETC )	STREET		105	CITY OR	TOWN	COUNTY	STATE
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		obove, (I) (v 22b. SIGNATURE	ve) (did) (did no	yiew the body	ofter death.		DEGREE	ATTENDING PHYSICIAN [	_ MEDIC/	AL ST	AFF .	27t DAIE	-
		22d. PHYSICIAN	SNAME LIVE C	RIA RIA	D.S.		908		hing	fon	Rd	west	mistag
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Md.

Bridge

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DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the

MY THE PERSON . TO THE CONTRACT OF THE CONTR Buryan Buryan Small Council Satisfact and viewes formes westerning as eryland | Corroll | Dien Bridge x | 10% Eo. Light Deest. George - - - Delphoy Hellio - - - Dayholl Yes, World Wer 11 216-05-1714 Katie S. Delphey, Union Maidge, M. Particular of the control of the particular of t stated 3/29/1985 incharan note a minutena, derectly de. William Bridge, Mr. Will St. Will St. 2011

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CHARLET TOWN

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079014	FOR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HY	GIENES 5 0 8	5 5 6
X	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
noy be page 3	Edwar	d Lindsay	Eichman	3 12	85 5:15 PM
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
Wiss of	Male	White	6 24 01	83 yrs.	
erouth Poge	76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
The same	Maryland	U.S.A.	WIDOWED DIVORCED	Carroll	MD.
fer dec	10. CITY OR TOWN OF DEATH	(II INDI BY SOCIETACIENTI, OTTE STREET			
by the filled	Westminster		Tursing & Cente:	rbookkeeper	self-employ
BALTIMORE, MARYLAND 21201  cote be executed within 24 hours. ysticion and completely filled in by opers. Pages 1 and 2 should be file wol.  11, the medical axominer must be ac	13a. STATE 13b CO		'N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
YLANI thin 24 thin 25 shoul		roll  Union E	Bridgeres X NO [		st./21791
MARYI mpletel ond 2 i	14. FATHER'S NAME	MIDDLE LAST	FIRST	WIDDLE	LAST
t, MAR	Frank  166, WAS DECEASED EVER IN U.S.	Eichn ARMED FORCES? 166 SOCIAL SECU			Lindsay
MORE, e execut	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		^310 E.	
LTIM tion prs. P		one  231-01-		Eichman Union	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic movel	PART I. DEATH WAS CAU	/ // A -/ \	varely man A	man	BETWEEN ONSET AND DEATH
ON ST. h certification of rem ofic evi	IMMED	IATE CAUSE (U)		11003	- 3 MUY
STON tendi	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ence of		2400
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	to to	Landa -	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/12/5
HOSPITAL med by th FUNERAL uid be determine State ORTANT: h	224 BHYSICIAN'S NAME IN	T OF MOLY	22e. ADDRESS	DIRECTOR   PHIOCIAIN	10/100
On The Second	1 WAGEV	RHIGH	uno	wonder.	MR
of of shoot	236. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	Burial	3/16/85 MG	ountain View Ce	m. Union Bridge	e Carroll MD
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	1, 5,		TE REC'D. BY REGISTRAR 25h REGISTE	PAR'S SIGNATURE
(VRA 15, 4)	D. N. Hari	Her Union &	ridge, / //d. MA	R 1 5 1985	rason-Mandale

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Robert K. Pritts. Westminster. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

3/23/85 St. Paul's Cemetery Arcadia Baltimore
412 Washington Road Baltimore Baltimore

2b. HOUR

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126 KIND OF BUSINESS OR Teacher

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS HOURS

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IF UNDER TYEAR

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DHMH - 16 50M 4/83 (VRA 15, 4)

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23a BURIAL CREMATION REMOVAL

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	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 3 0 0 0 0
	1	REGISTRAR LOTTIE HELEN GFELLER CERTIFICATE OF DEATH	REG. NO.
1	I DE	EASED NAME FIRST MIDDLE LAST OR PRINT)	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be		Lottie Helen Gteller	2-12-83 8 AM
4/3/	3. SE	MONTH DAY YEAR	AGE IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN
8	To Bi	THPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8	P BALTIMORE CITY OF COUNTY OF DEATH
4 20 87		DUNTRY) MARRIED WEVER MARRIED	Patriol Parelle
de fun	10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR
by the	10	Sykesville Sukesville Elder Care	Retired Sales Lady
A be in bound	USU. 13a.	NERDSIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE , 136 COUNTY 136. CITY OR TOWN 138 INSIDE CITY LIMITS?	3e STREET ADDRESS
AND 11 24		Md. Noward Ellicott City YES NO 1	40.34 Mac HIPINE Rd.
Janth Janth and 2 s	14. F/	THER'S NAME  FIRST  MIDDLE  LAST  FIRST  FIRST	E NIDDLE LAST
Composition of the composition o	140.	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	APDRESS Fallicott City
MOR Poges	N	ES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  214-30-5750 A John Gfell	The state of the s
ALTIN Groon ers. F		TOTAL SOLUTION OF STREET	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
ON SI		DUE TO, OR AS A CONSEQUENCE OF	
deoil		Conditions, if any, which ( 1b) A. S. C. V. D.	
o) W. PRESTON is that the death ca d by the attendin lease remove carb irol, cremotion, or a		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
201 W 201 W es thot pleose uriol, cr		underlying couse lost.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. It is the sentificate has been signed by the offending physician and completely filled in by as the buriol-transit permit. Then please remove corban opers. Pages, I and 2 should be filled in the and which Hygiene prior to buriol, cremotion, or removal.  On the model Hygiene prior to buriol, cremotion, or removal.	z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
been been prior t	ATIO	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
it REC	CERTIFICATION		YES NOW YES NO NO
VITAI N: Th nysicio cote I cote I Hygie Hygie	Ü		D (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
SICIAN: TI ng physicia certificate rirol-transit entel Hygi	1 8	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.	
JISION OF VITY  S PHYSICIAN: T  intending physici  or this certificole  into buriol-trons  ond Mentol Hyg  ed or frem 18 st	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION OF PROPERTY OF THE OF	-	AT WORK AT WORK	1 2 2
O O O E		220.1 certify that (1) (this hospital) attended the deceased from the deceased of the saw the deceased alive on 17 30 cm 19 30 cm and that in (my) (our) opinion de	, to 1/270h 12 19 82, that (I) (we) lost
A ATTEN hospitol RECTOR RECTOR end for u		obove, (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE	oth occurred on the date and hour and from the causes stated
Q 4			MEDICAL STAFF DIRECTOR PHYSICIAN 3-12-85
HOSPITAL ined by the FUNERAL wild be defined by the Store or STANT.		22 PHYSICIAN'S NAME (TYPE OR PRINT)  220 ADDRESS	Md. 21784
		1032 L. CHAPULLE, M.D. 6342 B	arnett Ave_SYKESVILLE
o a o a s s s s s s s s s s s s s s s s	23a E	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
BP		Entombment 3/13/85 Loudon Park Mausoleum	Baltimore Md.
DHMH - 16 50M 7/77	Ľé	William or Manager of Maranes	REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VR A 15 (4))	16	30 Edmondson Avenue, Catonsville, Md. 21228	R 1 4 1085

01919		FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5 0	8 3 3 9
be of the		CEASED NAME FIRST Nel	lie Marie	Gorsuch	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR DOST
e 4 may be	3 SE	Female	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
Pog Transport		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Cary	OF DEATH
s ofter d		estminster	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Carroll Coun	ing home or other institution ty Gen. Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOSLOF WORKING LIE HOUSEWITE	12b. KIND OF BUSINESS OF INDUSTRY
n 24 hour	130. S		ITY 13t. CITY OR TO	insteryes X NO	13e STREET ADDRESS / ZIP CODE 1039 Hook Rd	21157
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on and construction and		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-3609 Richard A.		minster, Md.  Hook Rd.211
quires that the death ce signed by the attendine hen please remaye corb o burial, cremation, or liury, or ather traumatic	N	Conditions, if ony, which gove rise to immediate couse fol, stofing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF THE CONTRIBUTING TO	unie met.	MINAL DISEASE OR CONDITION GIV	/EN IN PART TIO
he law recon.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ding physicial certificate burial-transit Mental Hygistern 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART T OR PART 2)
NG PH where the as the as the orked orked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	2 7 8	CITY OR TOWN	COUNTY STATE
OR ATTEND or haspital an DIRECTOR. A ached for use Dept. of Heal		saw the deceased alive an	tol) offended the deceased from	and that in (my) (our) opinion DEGREE	deoth occurred on the date and hou	that (I) (we) lor and from the couses stated  22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be deto with the State IMPORTANT: If		224 PHYSICIAN'S NAME AVEC	J. SEVI	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN PHY	USSTMINS
BP	23a	BURIAL, CREMATION, REMOVAL (SPECEY) Burial		NAME OF CEMETERY OR CREMATORY Prinity Lutheran		Cärroll Md
DHMH - 16 50M 4/83 (VRA 15, 4)	-	ON ISDAY DIDECTOR	Thomas D. Fle	25- DA	TE REC'D. BY REGISTRAN 256 REGIST	RAR'S MENALURO

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D or or another more		22a.1 certify that (1) this hosp	pital) attended the deceased fr	om_act	, 1950	10 March 24	, 1985, that (1) (we) lost
TTEN Pirtol For u of Ho		sow the deceased alive a	not) view the body ofter death.	1981, ond	that in my (our) opinion	deoth occurred an the date on	d have and from the couses stated
hoss hos hed hed ept.		226. SIGNATURE	/	110 DI	EGREE	THE PERSON NAMED IN	27c. DAJE SIGNED
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		With	) Ard MI		Manche	ter. Md	21102
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DHMH - 16 50M 4/83	24 FL	NEPAL DIRECTOR	A La ADDR	L Ves	25a. DAT	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
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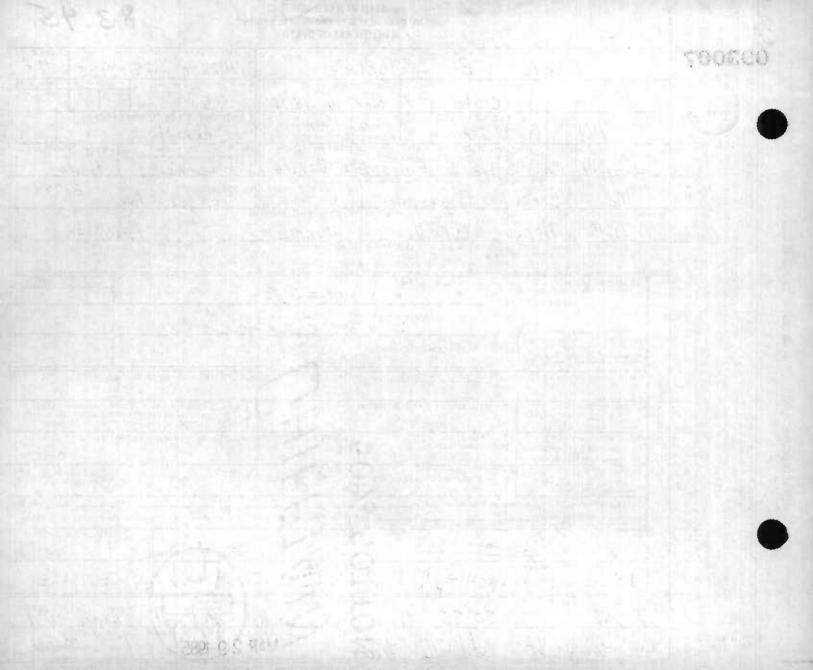
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porth. Por		THPLACE (STATE OR FORE		CITIZENOF	WHAT COUNT	MARRIEI WIDOWE		9. BALTIMORE C		NTY OF DEATH	MD.
in by the function of the confidence of the conf	10 CI	WESTMINS	rer	CARRO	HOSPITAL, NU	RSING HOME C TREET ADDRESS) HOSP	ROTHER INSTITUTION	12a. USUAL OCC	UPATION MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR () ()
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and 2 sh	14 FA	THER'S NAME FIRST SAM	MIE	DOLE	OOD LAST		NELLIE  NELLIE	MII	DDLE	??	AST
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rifficate ol-transit tal Hygiem 18 she		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA)	AUSE OF DEATH		OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	of injury in item	18, PART 1 OR PART 2	)
After this certit e as the burial-t alth and Mental marked or frem	MEDICAL	21d. INJURY OCCURRI	ED	71e PLACE	OF INJURY		21f. LOCATION STREET	Cit	ORTOWN	COUNTY	STATE
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hos ched ched Sept.		226. SIGNATURE	10	rill	etni	ns	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL  MEDICAL  DIRECTOR	STAFF PHYSICIAN		16 SIGNED 29-85
TO FUNERAL IS should be deto with the Store [IMPORTANT: If	(	JOHN W		DLETC	N MD		182 EAST			WESTMIN	ISTER, MI
5 54 ¥ ₹	23a.	BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIC CITY OR TO	WN	COUNTY	STATE NATE
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HMH - 16 25M (VR A 15 (4) ) 9/74		UNERAL DIRECTOR PRITTS FU	JNERA	L HOM	E WES	im inste	CR, MD. APR	04 1985	gulante	widson Br	phales :

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		CEASED NAME	FIRST	M	MDDLE	IINEK 5	LAST	E OF DEA	20 DATE KNOWN		DAY YEAR	26 HOUR
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PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Manchester	Ba	ACMMan	Road Road	\$\$)	HER INSTITUTION	FOR A	AOST OF WORKING LIFE)		OR INDUST	RY
ANY D AND 3 RETAIN RETAIN RECORD			36_COUNTY		Westmin:	ster	13d. INSIDE CITY LIM	13. STR	5 Snyde	rsburg	g Rd <sup>21</sup>	157
MAN STATE	14 F/	William	R	DLE	Hossler	Sr.			MIDDLE	Hahn	LAST	
AFTER CHIVE PACE PACES PAGES P	16a. V (Y	VAS DECEASED EVER IN ES, NO, OR UNKNOWN)	NU.S. ARMED F IF YES, GIVE WAR O	ORCES? R DATES)					sler Sr.	2015 S Westm:	onyder inster	sbure, Md.
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NI EXAM HE CERTII HOULD B HAL DIRECTION WITH, WITH, WITH		ACTUAL SIGNATURE	hit	me	thele		TITLE (SPECIF	FY)		DATE	3-18-8	35
MEDIC ECUTE TI GE 4 SH FUNER TER DEA	1	EXAMINER'S NAME (TYPE OR PRINT)	Marga	rita A	. Korell,M	I.D.				3,01460		
	13	SPECIFY)					Church	Cen. We	estminst	er Cai	roll.	Md.
DHMH - 17 (VR A15 ME (5))			00				25a. C	DATE REC'D. BY	REGISIRAR 25h RE	GISTRAR'S SIG	S. NATURE - WE	
	TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. # ANY DELIAY IS NECESSAY, RESERVED TO THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN TIEM IS GIVE PAGES I. 2 AND J. 10. THE JUNEAU DIRECTOR. PAGE 3 SHOULD BE TORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 3 REPAIR PAGE 3 FOR THE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINER, DWISTON BY MARKED MEDICAL PROPERTY. ARE REPORTED WITHIN TO REMAIN OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN A HOURS AFTER DATH. IF ANY DELIVER RECESSARY, HERE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL BY THE CANDING THE WORD "PENDING" IN PENCIL BY THE PARTY OF EVER PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ADDIS WITH FORM PAGE AS HOURS AND WITH HE STATE DEPARTMENT OF HEATH AND MENTAL HERE TOWNS ON THE CHIEF MAN AFTER DEPARTMENT OF HEATH AND MENTAL HERE TOWNS ON THE CHIEF MAN AND AND AND AND AND AND AND AND AND A	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE Male Whit  7a. BIRTHPLACE (STATE OR POREIGN COUNTRY) Maryland ID. CITY OR TOWN OF DEAT  Manchester  Walle Manchester  USUAL RESIDENCE IF IN NURS ID. CITY OR TOWN OF DEAT  Manchester  Wanchester  Walliam  Manchester  USUAL RESIDENCE IF IN NURS ID. CITY OR TOWN OF DEAT  Manchester  Wanchester  Walliam  Machester  William  16a. WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) ID. CITY OR HELLING ID. COMMINION ID. CITY OR TOWN OF DEAT  Manchester  William  16a. WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) ID. CONGRESSION ID. CONGRESSIO	REGISTRAR  1. DECEASED NAME  (1779E OR PRINT)  WILL IAM  WILL IAM  WILL AMABEE  WILL ON MATE STATE OR  FOREIGN COUNTRY)  MARY J and  ID. CITY OR TOWN OF DEATH  Manchester  USUAL RESIDENCE IF IN NURSING HOME OR OTHER  IJB. STATE  WISH FATHER'S NAME  WILL IAM  WAS DECEASED EVER IN U.S. ARMED F  (YES, NO, OR UNKNOWN)  IF YES, GIVE WARD  TO AN OR UNKNOWN)  TO AN OR UNKNOWN)	REGISTRAR  1. DECEASED NAME   PRIST   PRIST	TO STATE MEDICAL EXAM  I. DECEASED NAME  I. DECEASED NAME  I. TO BE PRINT MODILE  WILL I AM  BICHARD  BITH LAM  BIRTHPLACE  IS JAFE OF BIRTH  B. AGE IF  MALE  Wall C JUNE  JUNE	DEPARTMENT OF HEALT REGISTRAN REGISTRAN REGISTRAN  I. DECEASED NAME (TYPE OR PRINT)  3. SEX Male White  Will IAM RECHARD AGE (TW YEAR) FOR MARCE Male White  Will IAM RECHARD AGE (TW YEAR) FOR MARCE Male White  Will IAM RECHARD AGE (TW YEAR) FOR MARCE M	DEPARTMENT OF HEALTH AND MENT MEDICAL EXAMINER'S CERTIFICAL INFORMATION OF HEALTH AND MENT MEDICAL EXAMINER'S NAME (TYPE OR PRINT)    DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL HYGIGN MEDICAL EXAMINER'S CERTIFICATE OF DEA  I. SECURITIES  I. DECEASED NAME PROST  I. TOPE CARRY  I. DECEASED NAME PROST  I. TOPE CARRY  I. SEX  MEDICAL EXAMINER'S CERTIFICATE OF DEA  MEDICAL EXAMINER'S CERTIFICATE OF DEA  I. SEX  MEDICAL EXAMINER'S CERTIFICATE OF DEA  I. SEX  MILLIAM  RICHARD  I. SEX  MEDICAL EXAMINER'S CERTIFICATE OF DEA  HOSSLER  HOSSLER  MEDICAL EXAMINER'S CERTIFICATE OF DEA  HOSSLER  MEDICAL EXAMINER'S CERTIFICATE OF DEA  HOSSLER  HOSSLER  MEDICAL EXAMINER'S CERTIFICATE OF DEA  HOSSLER  HOSSLER  MEDICAL EXAMINER'S CROSS DA  MEDICAL EXAMINER'S CONSEQUENCE OF DEA  HOSSLER  HOSSLER  MEDICAL EXAMINER'S CROSS DA  MET DEAL EXAMINER'S CROSS DA  HOSSLER  HOS	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR    DECEASED NAME   TEST   MODICAL EXAMINER'S CERTIFICATE OF DEATH   REGISTRAR   MILLIAM   RICHARD   MODICAL EXAMINER'S CERTIFICATE OF DEATH   REGISTRAR   MODICAL EXAMINER   REGISTRAR   REG	DEPARTMENT OF HEALTH AND MENTAL HYGIÈRE D  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEGISTRAR    DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL HYGIGHE OF STATE

2	FOR  1 - STATE  REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	
082057		RST MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 2b HOUR
1 2	LEROY	B	JOHNSON	3 1 85 720
1 (24)	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
( R)	Male	White	July 28, 1902	82 YRS MONTHS DAYS HOURS MIN
	70. BIRTHPLACE (STATE OF FORE	76 CITIZEN OF WHAT COL		RAITIMORE CITY OR COUNTY OF DEATH
1 11 1/0	North Carolin	u.S.A.	WIDOWED DIVORCED	( ) take = 7.7 () A
1 11 3/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS O
3100	Mt. Airy	7213 Ho	neybush Dr.	Contractor Building
9 20 76	130 STATE 13b	COUNTY 136. CITY C		13e STREET ADDRESS
2 11 1/	The second second	Carroll Mt.	Airy YES NOX	7213 Honeybush Dr. 21771
od within 24 hours on 32 hours on 32 hours on 52 hours on 52 hours on 52 hours on 54 hours	14 FATHER'S NAME	WIDDLE	15 MOTHER'S MAIDEN N	MIDDLE
B 0-02	Luther 160 WAS DECEASED EVER IN U		nson Berth	a Mears
P P P P	TYES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	
4 57 5/	No	578—		n Johnson, Item 13
equires that the death cut as a signed by the attending. Then please remove carret to burial, cremation, at injury, or other froumatice.	underlying couse lo	DUE TO, OR AS A COM		RMINAL DISEASE OR CONDITION GIVEN IN PART 110
NG PHYSICIAN: The law requirement of the ording physician free this certificate has been signs the burial-from it arms to be had Mental Hypiers grant to brocked or them 18 signs gray injury.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 CONDITION FOR	which operation was performed	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
SICIAN: T ng physici certificate rial-tron ental Hypi frem 18 s	00 000000000000000000000000000000000000	OF DEATH HOUR A.M. MONT	TH DAY YEAR  19  21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DING PHY or affer this After this e as the bu alth and M marked ar	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE NOTIFY HILE AL WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY STATE
OR ATTENDIO he haspital on DIRECTOR, A cocked for use Dept. of Heal	220.1 certify that (1) (this sow the deceased a above (1) we (14) (1) 22b. SIGNATUR	hospital) attended the deceased in an view the body after death	from 19 . ond that in (my) our] apinio DEGREE ATTENDING	to 19 tha (1) (we) Ic in death accurred on the date and hour and from the causes stated  22c DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be det with the Store IMPORTANT:	22d. PHYSICIAN'S NAME		22e ADDRESS	DOTRECTOR PHYSICIAN . 3-1-75
Shoul MPO		E. Miller, M.D.		Dr., Mt. Airy, Md. 21771
BP	230 BURIAL, CREMATION, REM	OVAL 236 DATE Mar. 3, 1985	23c NAME OF CEMETERY OR CREMATORY Pine Grove	Mt. Airy, Carroll, Marylan
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR OLTH L. Mole	sworth, P.A., D	amascus, Md. MA	R 06 1885 Julia Devidor Rodans

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2-11-11 Charles William the compared that at 31th sundance of the at



005400	FOR 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 5 U	४ ७ ५ ०			
085100	REGISTRAR  I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE ALLDA.	KEENSY	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 21  MAYZEM 18, 1945				
( A)	J. SEX FEMALE	1. RACE CAUCASIAN	5. DATE OF BIRTH  MONTH DAY  WEAR  1922	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	CO.			
100	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	RYTOWN RD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 126 KIND OF BUSINESS INDUSTRY			
35	130. STATE 136. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY GROW USE TO WEST M	INSTER YES NO NO	1000000	SUBJESTRUSS			
11060	EUSWORTH	MIDDLE WISE LAST		CHANEL ADDRESS	(AST #			
be even	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)  213-36-	17 INFORMANT MRS JEA	NNETTE H	LL WESTMIN			
low requires that the de so been signed by the of nermit. Then please remove re prior to burial, cremotic	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  198 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  T CONDITIONS CONTRIBUTING TO  THE SMOKE A	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G  200 AUTOPSY? 200. IF Y IN CER	ES, WERE FINDINGS USED			
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offending offer this of the burked or the bu	OR COMINING THE CAUSE OF THE STIME NOTIFY MEDICAL EXAMINATION OF THE STIME NOTIFY MEDI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STA			
SPITAL OR ATTENDIR d by the hospital or NERAL DIRECTOR: A be detoched for use c e Store Dept of Heoli TANT: if hem 21 is mo	sow the eccosed dive obove. (II) Divertified did 27b SIGNATURE	DE OR PRINT	22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	3/12/86			
TO HOSPITAL  TO FUNERAL  TO FUNERAL  Should be deta  with the Store  With the Store		nomen, MO	NAME OF CEMETERY OR CREMATORY  CARCACLEREMATOR  250 PA	23d LOCATION  CY HAMPSTA	O'CHROLL M			

Vestminster, Md. 2115

er & Son F 2 TDATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 PUNERAL DIRECTOR

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82059	FOR STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0834	8
I. DE	CEASED NAME FIRST	Irene	Lew	15	2a. DATE OF DEATH	Z 28 85	8235m
	Female	4. RACE	2 S. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	HINTRY?	D NEVER MARRIED		R COUNTY OF DEATH	140
23/2/	estminster	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Carroll	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O Laborer	F WORKING LIFE) INDUSTRY	BUSINESS OR
USU/ 13e S	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUR Car	VTY 13c. CITY	or town tminster	13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / Rural	ZIP CODE	1157
POO ILEA		мірріє Др	pel1	IS MOTHER'S MAIDENNA Ella	S.	Gorre:	1.1
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GN	E MAR OR DATES	1al security no. 1–30–7569	Roger Jone	ADDRE Ckis PO Bo	x 125 West	157 minster
by the ottending physics one colon page. I. cremation, or removal other trainmotic event.	18. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	ally one couse per line for (c) D BY:  IE CAUSE (o)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO	S/AP/	1. SEPT	TEMIA	BETWEEN ON	ATE INTERVAL
Control of the contro	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUT		NOT RELATED TO THE TER.	MINAL DISEASE OR CON	20h. IF YES, WERE FINDING	GS USED
RTIFIC			- 68-10		YES NO	IN CERTIFYING CAUSES O	NO [
this certification and Mental through the purial through the manual through the manual through the purial transfer to the purial transfer transfer to the purial transfer tr	210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	HOUR A.M. MO	NTH DAY YEAR 19	211 LOCATION SIREET	CITY OR TO		STAYE
1 k marked	NOT WHILE AT WORK  220 I certify that (I) (this hosp saw the deceased alive or	ital) attended the decease	ed from	nd that in (my) (our) opinion	deoth occurred on the de	38, 1915, th	not (I) (we) lost
Mrs. Ben. 2	obove, (I) (we) (did) (did no	markets	ih. W.	-/	MEDICAL STAF		IGNED - ST
TO FUNE Standals Medicate	MANUEL	J. SEV		611 NUR	sexy Rd.	Westmil	NSTER
P T	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/4/85	Woodl	emetery or crematory	23d LOCATION CITY OR TOWN	COUNTY	STATE
H - 16 50M 4/B3	0.2	shington H				256 REGISTRAR'S SIGNATU	RE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Features to the haspital or attending physician.
O FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the furning interests hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
MPORTANT: If them 21 is marked of them 18 shows any injury, or other traumatic event, the medical examiner must be partitled of once.

20	101091	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 5	08350
P	be seen 3	(TYPE	ROLD FIRST	Lockard	LAST	3	3-31-1985 2:00 A M
1	1 11	3. SE	Male	Caucas.	5. DATE OF BIRTH  MONTH DAY  1900	6. AGE (IN YEARS LAST BIRTHD	YRS.  IF UNDER T YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	36	M	RTHPLACE (STATE OR FOREIGN OUNTRY)	16. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll	MD.
201	by the filled with	W	Stminster	Carro buth	eran Village	120. USUAL OCCUPATION LIVE OF WORK FOR MOST OF W	
MARYLAND 2120	y filled in thould be remarked	130 5	aryland Car	11 Finker	ourg   13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Westminster Pike
	completel		THER'S NAME FIRST Edgar	MIDDLE LOCKARA	15. MOTHER'S MAIDEN NA	Ada Address	FLATER 21408
BALTIMORE,	ion and c	0	ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)  A13-01	-9878 GRACE L	ockard	13e
	rertificate ng physic bon pape remaval.		PART I DEATH WAS CAUSE	only one cause per line for 10), (b), SED BY: ATE CAUSE (a)	DI & pulmerary a	most	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.	by the attendit		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSE	EPS15		4 DAYS
RDS, 201	equires the signed I Then pled reported burial injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART Ita
DIVISION OF VITAL RECORDS,	The low ration.  In the low ration in permit.  In the permit is a permit of the permit	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	Ob. IF YES, WERE FINDINGS USED NGERTIFYING CAUSES OF DEATH? YES NO
N OF VIT	PHYSICIAN: The ending physicion, this certificate had buriol-transit put de hantol Hygient doctrem?	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
DIVISIO	NG Partition of the orked	MED	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	211 LOCATION SIREET	CITY OR TOWN	
	TTEN pital TTOR. for us of He		22a I certify that (1) (this hasp	n 3 19 19 19 19 19 19 19 19 19 19 19 19 19	MECRES		ond hour and from the causes stated
	SPITAL OR AT A by the hosp NERAL DIRECT be detached for e Stote Dept. of TANT. If them 2		22d PHYSICIAN NAME	ehle	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	NO 331/8
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State I	22- 0	(tortu	WW15	W 10940N	air st.,1	month more mo
	BP	230. E	urial, crémation, removal specify Burial		estminster Cemet	23d LOCATION CITY OF TOWN Westmins	ster Carroll MD.
	DHMH - 16 50M 4/82	24 Ft	INERAL DIRECTOR	412 Washingt		TE REC'D. BY REGISTRAR 256	
	(VRA 15, 4)	F	1 about	itts, Sr., We	stminster. Mapp	04 1000 200	Krista Broke 12

080013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN XXMONTH 20. DATE (TYPE OR PRINT) Alexander Kenneth Lowe DEATH MATED 12 10 85 3 SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED Male White 7-24-1968 12 ,085 4:15P 16 YRS DEAD TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED CARROLL IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a LISUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Student Field/Buffalo Road area 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a STATE Frederick Maryland Mt. Airv 4320 Buffalo Rd. (21771) 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM David Francis Lowe Linda Carroll Bowman 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST David F. Lowe, Same As #13 None 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head Weapon: Unspecified IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION E 3 SHOULD FEE E DEPARTMENT OF HEADER TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR self inflicted gunshot wound of head 3PM P.M. 3/121/85 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 FF STREET, FACTORY, FARM, ETC.1 BuffaloRoadArea, Mt. Airy, CarrollCo, Maryland WHILE AT WORK field (head only) 22a. I certify that I took charge of the remains described above, held an Suicide XXI, deoth resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 3/13/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 PennStreet, Balto, MD Ann M. Dixon, M.D. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 3-15 23c. NAME OF CEMETERY OR CREMATORY 3-15-1985 Taylorsville Taylorsville, Carroll, Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Charles W. Burrier, Jr., Sykesville, Md. guila Davidson Brode (VR A15 ME (5))

STATE OF MARYLAND

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23	EE EE			Leroy	1 Idi Gae											25/19	85	N
2.3	STR	I. SEX	ale	White	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)					DER I YR.	HOURS HOURS	MIN MIN	PRONOUN DEAD	ICED	3/	25/	25B:	HOUR 15
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CESS SEE	SER	FORE	IGN COUNTRY)		70. CITIZEIV	OI WIIAI	COUNT	CIT		ED NE					- 0		AIH	
AND AND	5.0		rroll	County	II NAME O	S.A.	LI NILIDO	INIC HOME	WIDOW		DIVORC			rroll PATION (TYPE			OF BUSIN	MD
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를 를	NEA PER			ns, if any, which e to immediate	(b)											3150		
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8 5 N	AND W				(c)_						a 3	30						
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD."FENDING". IN P	F MEDICAL EXA ED AS A BURIAL HEALTH AND ME IL, CREMATION,		PART 2 OTNER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO	OEATN BUT N	OT RELATE	D TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PA	RT I (a).	100 PM			-11		
3 3 4	HIEF MEDIC USED AS A OF HEALTH FIAL, CREW	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b C	ONDITION	FOR W	HICH OPERA	TION W	AS PERFOR	MED?				7510	20 AU	TOPSY?	
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WRIS D	FORWARDED DR: PAGE 3 S HE STATE DEP MD, MIZOT PR		WHILE AT WORK	NOT WHILE K	K	hom			434		hur s	Ship]				ville		STATE
RE T	SA P P		22a I certif	y that I taak charge	of the remai	ins describe	ed abave	, held an	Autops	y 🔲,	Inspection	XX.	Inquiry	an an	d in my ai	pinian		
NIN	#623	2	death results	ed fram: Nature	causes [	], Acc	ident 8	X, Suid	ide .	Hamic	-	-	ermined ma	nner .				
N S E	96.4			1	m					TITLE (SI	PECIFY)							
4 =	SHOUID FRAL DI SATH, ORE,		ACTUAL SIGNATURE _		NY				М.	. Assi	stani	MED	CAL EXAM	INER	DATE	3/	26/85	)
35	NOR A SE		XAMINER'S	NAME													10.	
₩ KECL	A SECTION		TYPE OR PRIN	Green Green	gory R	. Kau				ADDRESS		ll Pe	nn St					
20	PAGE 4 SHOULD TO FUNERAL DIE AFTER DEATH, WE BALTIMORE,	230.BUF	RIAL, CREMAT	TION, REMOVAL 23			23c. NA	ME OF CEM	ETERY OF	CREMATO	ORY	23d. LC	CATION		COU	NTY	STATE	
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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
STATE	CERTIFICATE OF DEATH

Thomas D. 254 East Westmins

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		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	١٥.				
		CEASED NAME	FIRST		MIDDIE	- N. I	AST		20. E	DATE OF DEATH	MONTH	CIAY	YEAR	26 HOL	UR
	(TYPE	OR PRINT)	Leon	ard	Gilmor	re	Mart	in			3	3	FT	06	39m
	3. SEX	X	=	RACE		5. DATE C			6. AC	GE (IN YEARS LAST B	IRTHOAY)	MONTH	DER TYEAR	IF UNDE	R 24 HRS
1		Male		White		3	10	1916		8	YRS	s.		HOURS	MIN.
	C	RTHPLACE (STATE OR		b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	XX NEVER	MARRIED -	9. B/	ALTIMORE CITY			DEATH		
2	Pl	hiladelp			J.S.A.	WIDOWE	D D	NORCED [			arro.			100	MD.
0		stminste:			HOSPITAL, NURSIN H FACULTY, GIVE STREET County	ADDRESS)		Hospi	LIVE	USUAL OCCUPA PE OF WORK FOR MOST		SIFE) IN	b KIND O DUSTRY Lack		less or
5	13a. S	al residence (# NUR STATE aryland	136 COUN	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Hamps to	/N	13d. INSIDE	NO [		STREET ADDRESS	nove:		ike2	107	4
C	14. FA	THER'S NAME FIRST  John		lenry	Marti	in	15. MOTHER	S MAIDEN N FIRST  Marv	AAME	Ann		Sha	affe		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORM	ANT		2101	Han	ove:	r Pi	ke	
		Yes	WWII	Army	218-05-	-6242	Eli	zabet	h N	1. Mart					
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSEE	BY.	line for (a), (b) an	WIRI	CULA	2 Z	114	RILLAT	TION	1	BETWEEN	MATÉ INTE ONSET AN	RVAL D DEATH
			IMMEDIATE	E CAUSE (o)	DACA CONSTOLL	TNCT OF									
		Conditions, if any		( (b)	R AS A CONSEQU	ENCE OF	ACC	ITE.	m	<u>r</u> .					
		gave rise to im- couse (a), statis underlying cause	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF									
		PART 2. OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TER	RMIN AL	DISEASE OR CO	NDITION (	GIVEN IN	V PART to	0,	
	TION	19g DATE OF OPERA	TION	Ties COND	ITION FOR WHICH	OBEDATIO	NI MAYA C DEDE	OBMED	Lau	Do AUTOPSY?	701-45	VEC VA/E	RE FINDIN	ACE LISE	
2	CERTIFICATION	THE DATE OF OPERA	TION	198 COND	INON FOR WHICH	OPERATIO	N WASPERF	JKMED		ES NO	IN CER	TIFYING	CAUSES	OF DEA	TH?
1	CER	21a. ACCIDENT WAS UN		21b. TIME C	FINJURY M. MONTH D.	AY YEAR	21c. HOW I	NJURY OCCU	JRRED (	(ENTER NATURE OF INJ	JURY IN ITEM T	IB PART I C	OR PART 2)		
	AL	OR CONTRIBUTING			M.	19									
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	FARM ETC )	211 LOCAT	ON		CITY OR f	OWN	C	COUNTY		STATE
	_	AT WORK AT WO	ORK			~				3	-		4		
	03	22a. I certify that (I)	ed alive on.	カー	19.5	K	nd that in (my	, 19	on death	to	date and h	_, 19.4 naur and		that (1) (	, , ,
		above, (I) (we) ( 22b, SIGNATURE	did) (did not	) view the bady	alter death.		DEGREE						22E DATE	SIGNED	)
		/	nu	nur	eln	no	W -	ATTENDING PHYSICIAN		EDICAL STA	AFF	/	3-	-3	ST
		MANW	AME (TYE OF	J. 5	EVILLA		6/1/		RY	Ed-	WE	5/1	nin	150	n
N.	23a B	BURIAL CREMATION	REMOVAL	3-6-8		name of c		crematory meter		Westmin	nste:	r Ca	arro	11	Md.
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V	3. SE)	m	14 RACE	)'	5. DATE O	DAY 17	YEAR 92	9 5		,	NTHS DAYS	HOURS MIN.
10 000		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF USA	WHAT COUNT	RY? 8. MARRIEL WIDOWE	NEVER MA	ARRIED	9 BALTIMORI Cai	rrol:		FDEATH	MD
O Party		estminster	(IF NOT IN SUC	CH FACILITY, GIVE ST	TREET ADDRESS)	rother institu	12000	IZE USUAL OF TYPE OF WORK F	OR MOST OF		INDUSTRY	of BUSINESS OR
24 hours			OUNTY Carroll	13c CITY OR I	efore admission) rown ninstel	13d. INSIDE CITY	LIMITS?	13e.STREET AC			n Ro	21157 ad
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n and co		VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YE	. ARMED FORCES? 5, GIVE WAR OR DATES)		28-7450	17 INFORMANT		r Mar	ADDRES tz	s 13	3e	
ures that the death certifical goed by the attending phys en please remove carbon pap burial, cremation, ar remova ury, or ather traumatic event,	7	PART I DEATH (Entire Part I Death WAS CA IMME  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICA	USED BY: DIATE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)	ONGES  OR AS A CONSE	equence of	eart 1	O THE TERMI		or condi	TION GIVER	3	UMANE INTERVAL ONSET AND DEATH MCLATTS  YES
on. hos been si t permit. The	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WE	ICH OPERATION	N WAS PERFORA	MED	200 AUTOP	NOXP	206 IF YES, YES, YES	WERE FINDI	NGS USED S OF DEATH?
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rending a ster to over the or use on the f Health and I is marked	W	while at work  220 I certify that (I) this h saw the deceased alive obove (I) (we) (did) (did)	ospita) attended th	ne deceased fro	om		19 85	, to				that (1) wo lost
the hosp the hosp at DIRECT erached for ite Dept. o		obove (D (we) (did) (di	d not) view the body	ofter deoth.		DEGREE		MEDICAL DIRECTOR			22t DATE	SIGNED 3-85
etained by TO FUNERA should be de with the Stat		HVa S.	Baket			22e ADDRESS	218 W	Instang?			Mail 21/5	CH-
BP		URIAL, CREMATION, REMO SPECIFY) UNIAL	VAL   236 DATE   3/6	/85		EMETERY OR CRI		Mact	n in c	ton C	county	STATE
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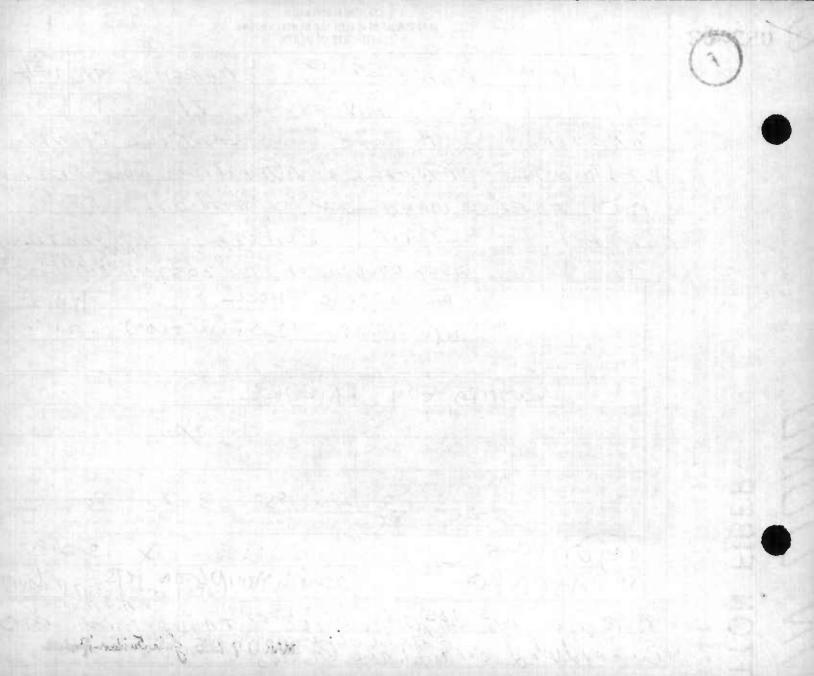
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2 (3)	3. SEX	(	4 RACE	5. DATE OF BI	RTH DAY YEAR	6 AGE (IN YE			NDER 24 HRS.	26. DATE PRONOUNCED	HTMOM	DAY YEAR 2	d DOP
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E SSESS /	(1)	ES, NO, OR UNKNO	WN)   IF YES, GIVE	WAR OR DATES)	121	12	F72	Man M	Cond	0	De- 1 - 1		44.1
\$ %9 E & S	H	n O	F DEATH (Enter on	lu ana saura I	A	5-12-6 ), and (c). V	514	IMr. M.	Fred	Cooper,	heist	APPROXIMATE IN	TERVAL
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VITAL RECORDS SHOULD BE EXECORDS CHIEF MEDINGS CHIEF MEDICAL TOF HEALTH AN SURIAL CREMATI	Z	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	19s. DATE OF	OPERATION	196 CC	NDITION FOR	WHICH OPER	RATION W	AS PERFORMED	?			20 AUTOPSY?	
TAL 8 HOUL HIEF USED OF HE	문	1000										YES 🗆	NO 🗆
	E	21a. EXTERNA	L CAUSE WAS		NE OF INJURY		21c. H	OW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN ITEA	TB PART I OR PA		140 🗆
DIVISION OF S CERTIFICATE RITHOG THEV ROED TO THE SE 3 SHOULD SE 3 SHOULD SE 9 SHOULD OF PRIOR OF		UNDERLYING	OR NG CAUSE OF		A.M. MONTH	DAY YEA	R						
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- FEET - CO	236.B	SPECIFY)						R CREMATORY	1	OCATION /	COU		E
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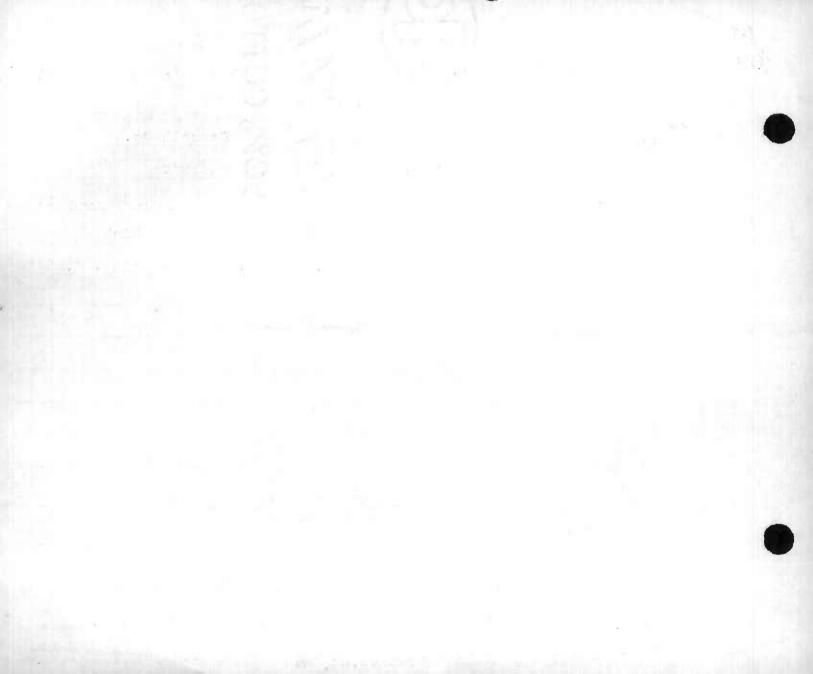
		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	835	9
- (	099164	1.	STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.		
			CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH OR PRINT)	DAY YEAR 2b HOUR	4
2	nay be page 3 rr death	3 SE	X 14 RACE S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY)	250F	T <sub>M</sub>
0	e 4 m	3.30	FEMALE CALICASIAN MONTH 9/2 43 92 YRS.	MONTHS DAYS HOURS MIN	N,
	th. Pag rol dire	70. B	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	deo deo	100	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION	12b. KIND OF BUSINESS C	MD.
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02120	filled in by touch be the must be not	USU 13a.	AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 COUNTY  136 STREET ADDRESS  137 STREET ADDRESS	21074	// N
RYLAND	thin 2 should be	14. E	ATHER'S NAME 15. MOTHER'S MAIDEN NAME	Deck legsvil	less
MAR	ed will		Theodore J. YINGING CALIFILME LONG		Str.
ALTIMORE,	ond co		VES NO OPTINKNOWN)   TIEYES GIVE WAR OR DATES)   O	ZZ7 Upper Bea	Hed
ALTIN	S. S.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
ST., B	entificate ng physici banpape remayol.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio pulmmany arrest		
NO	endii cori n, or		DUE TO, OR AS A CONSEQUENCE OF		
PRESTON	a a E o +		Conditions, if any, which gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF		_
W.	that the day the lease re-		underlying cause last.		_
05, 201	equires n signeo Then pla r to buris injury, a	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110	
RECORDS	been mit. The prior the pr	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED	-
AL RE	hos hos	] H	YES NO	res NO	
FVIT	tYSICIAN: The ding physicic is certificate burial-transit Mental Hygis or Item 18 sho		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	PART 1 OR PART 2)	
0 2	HYSICIAI Iding ph is certifi buriol-tr   Mentol or Hem	DICAL	(IF EITHER MOTHEY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION		-
DIVISION OF V	The the the and and sed a	MEDI	WHILE AT WORK AT WORK	COUNTY STATE	
۵	Z = & S + S		270. I certify that withis hospital) attended the placeosed from August 19 60, to present saw the deceased glive on 3/29 19 19 19 19 19 19 19 19 19 19 19 19 19	, 19, that (I) (we) le	
	2 0,00		saw the deceased glive an	22c. DATE SIGNED	_
		1	Mulleton M ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/30/85	_
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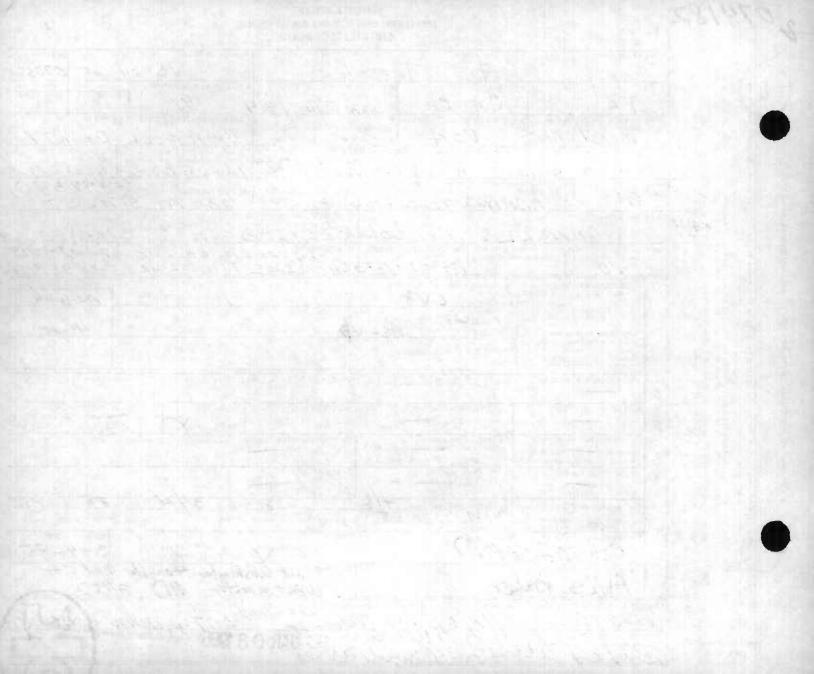
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074187	1	STATE OF MARYLAND	
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ON LOG SO		(YES, NO OR UNKNOWN) I FYES, GIVE WAR OR DATES) 179-D7-1223 CHARLES TRESSLER	FREDERICE
1 2 34 4	H	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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D 20 4 4 5 6		220 I certify that (1) (this hospital) attended the deceased from 7/6 , 19 8/1, to 8/4.	19 55, that (I) (we) last
- AP 8 8 8 8 8		saw the deceased plive an 3) 4 19 8 , and that in (my) (our) apinion death occurred on the date and hou above (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
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21787 2 moule TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 20 hon 19 55 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 222 Westminster, MD 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Trinity Lutheran Cem. Taneytown, Carroll, Maryland Apr.1,1985 24 FUNERAL DIRECTOR 136 E. Baltimore St. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson-Randelle Skiles Funeral Home Tanevtown, MD 21787 (VRA 15, 4)

STATE OF MARYLAND

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136 E. Belti ord St.
Skiler Funeral Hone Tenoyton, ID 21777

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Charles W. Burrier, Jr., Sykesville, Md,

(VRA 15, 4)

STATE OF MARYLAND

Champon M. Lungier, Jr., Externille, Jd. Ly + Jd.

083064	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8-5 0	8 3 6 8
7 7	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e de	(TYPE OR PRINT)	E LEE W	ILLIAMSON	3/	4/85 3 PM
moy moy	3. SEX	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rrs off	Female	White	May 28 . 1889	95 YRS.	MONTHS DAYS HOURS MIN.
Por dir	78. BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
Jeorth Jeorth	VA	USA	WIDOWED DIVORCED	Carroll Co	7.10.
With the	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DDRESS)	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
201 filled	Manchester	Long View Nur		Homemaker	Own Home
AND 21	BSUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 130. COUN'	TY 13 CITY OR TOWN Balto.		13. STREET ADDRESS 4122 Roland	Ave., 21211
RYL,	14. FATHER'S NAME	NODLE LAST ;	15. MOTHER'S MAIDEN NA	ME	LAST
AM be led to the bear of the b	William	Ambrose	Estelle		Gardner `
ORE,		MED FORCES? 166 SOCIAL SECUR		ADDRESS	
TIMe be	No		Mrs. Dor	is E. Roberts,	
RDS, 201 W. PRESTON ST., B. equires that the death certifican signed by the attending phys. Then please remove carbanpaper to burial, cremation, or remove injury, or other traumatic event,	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT (b)  DUE TO, OR AS A CONSEQUENT (c)	NCE OF energy a	internation of	BETWEEN ONSET AND DEATH  STATE OF THE ONSET AND DEATH  STATE OF TH
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75 5 5 5	230 BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR Henry	W. Jenkinsess&	Sons Co.	TE REC'D. BY REGISTRAR 256. REGIS	~
(400 19, 4)	4905 York Road	Balto., MD	21212 MA	IR 8 1985 Trine	Davidson-Randable

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